

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

791

21008

36481  
Do not use this space.

10058

1. PLACE OF DEATH NOV 15 1937

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City ST. LOUIS - (d) Street No. 3426 ST. VINCENT ST. St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ALBERT MEYER

(a) Residence, No. 3426 ST. VINCENT St. 17  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF CLARA HENTSCHER MEYER  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 19-1863  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 74 7 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. ARTIST-  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) HAMBURG (STATE OR COUNTRY) GERMANY

13. NAME MARTIN MEYER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

15. MAIDEN NAME CAROLINE (UNKNOWN)  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT ALBERT MEYER JR (ADDRESS) 8426 ST. VINCENT AVE

18. BURIAL, CREMATION, OR REMOVAL Nov PLACE ST. PETERS CEM. DATE Oct. 1st 1937

19. FUNERAL DIRECTOR C. R. Lupton & Son's (ADDRESS) 4449 OLIVE ST.

20. FILE NO. 661 62 130 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29 1937  
22. I HEREBY CERTIFY, That I attended deceased from 10-27 1937 to 10-29 1937  
I last saw him alive on 10-29 1937. Death is said to have occurred on the date stated above, at 10:15 A. m.  
The principal cause of death and related causes of importance were as follows:

Ch. myocarditis with enormous dilatation  
Diabetes mellitus  
Ch. Interstitial nephritis  
Date of onset 7. 20 yrs. 15 yrs.

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify.....  
(Signed) Edmond Burnett, M. D.  
(Address) 1504 So. Grand Blo.

Dr. Edw. Bonnot  
1504 S. Grand.  
Ger. 2458  
1-3 P.M.

STATEMENT BY LICENSED EMBALMER

I, C. R. Lupton Jr., Licensed Embalmer No. 2123

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. B. A. Miles

No. 2901 or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed C. R. Lupton Jr.  
Licensed Embalmer No. 2123

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**